

# The Maternal, Infant, and Early Childhood **HOME VISITING PROGRAM**

*MIECHV As a Cost-Effective, Proven Strategy to Improve  
the Lives of Vulnerable Children and Families*



**HOME  
VISITING  
COALITION**

*The federal Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, program has supported high-risk families in communities across the country through intensive home visiting services since 2010. MIECHV provides federal funds to support programs that connect families with trained professionals—often nurses, social workers, or parent educators—who help parents acquire the skills they need to promote their children’s development. The majority of MIECHV funds support evidence-based home visiting services that have been rigorously evaluated and have proven to be effective strategies for improving outcomes for families and for saving public resources over the long term.<sup>1</sup>*

MIECHV funding will expire in September 2017 without further action from Congress, which would leave states without the resources needed to continue the work, leaving behind families in need of home visiting services and harming the stability of the home visiting infrastructures states have constructed.

In order to provide states with stable and adequate funding to provide home visiting services to families in need and to continue to build home visiting systems, the Home Visiting Coalition, a diverse group of more than 50 national organizations, advocates for a 5 year extension of the MIECHV program with funding levels of at least \$800,000 per year. This investment in our children will enable the program to expand and improve existing evidence based services, enhance the ability of those on the local level to reach more vulnerable children and families, and build infrastructure that benefits not only MIECHV programs, but all community resources and program coordination.

The Home Visiting Coalition is a diverse group of organizations committed to the well-being of children, working to promote continued federal support of home visiting to strengthen families in communities across the country.

## What is MIECHV?

The MIECHV program is a federal grant program created in 2010, to support voluntary, family- and child-related evidence-based home visiting programs. MIECHV’s goal is to support pregnant women or parents with young children and their families by connecting them with the resources they need to develop effective parenting skills in order to raise children who are healthy and ready to learn.<sup>2</sup> MIECHV-funded programs—which exist in every state, the District of Columbia, 25 tribal communities, and five U.S. territories—target high-risk families who are most likely to benefit from intensive home visiting services.<sup>3</sup> MIECHV was originally funded at \$1.5 billion over five years to support home visiting programs.<sup>4</sup> MIECHV was last reauthorized in 2015 to provide \$400 million per year in fiscal years 2016 and 2017, but is set to expire in September.<sup>5</sup>

MIECHV requires grantees—which can be states, territories, tribes or tribal organizations, or nonprofit implementing agencies—to conduct a needs assessment to identify their most at-risk communities and populations and decide how best to target resources. MIECHV directs 75 percent of funds to support programs that have undergone rigorous evaluation for which there is well-documented evidence of success, or evidence-based home visiting programs.<sup>6</sup> To date, 20 home visiting models have been identified that meet the evidence-based criteria.<sup>7</sup> These programs have proven to be effective strategies for strengthening outcomes for families and saving public resources over the long term. Because the models target different populations and support a variety of interventions, most MIECHV grantees have implemented more than one evidence-based model in their targeted communities.

The remaining 25 percent of MIECHV funding is available to support “promising practices,” or programs currently undergoing rigorous evaluation.<sup>8</sup> Promising practices allow states the flexibility to use innovative and state-specific approaches to better address issues that are unique to their local communities and build the evidence base for new, successful home visiting models. While MIECHV has many requirements to ensure fidelity to models, mandate data reporting, and show positive outcomes, the program also provides grantees with considerable flexibility in determining needs, targeting specific populations, and choosing the best models for their communities. Additionally, MIECHV directs 3 percent of funds to support tribal families and native populations in different areas of the country.<sup>9</sup>

### What is a Home Visit?

Home visiting is a voluntary program. Families choosing to participate in home visiting programs receive regular, planned home visits from trained providers such as nurses, social workers, and community/parent educators. While participation in home visiting programs is voluntary, participating families must demonstrate commitment to the program’s curriculum.

Home visitors help assess family needs, partner with parents to provide necessary tools to ensure the safety and the emotional and physical well-being of their children, and connect families to community programs and resources that enhance stability.

All evidence-based models provide voluntary, home-based services to families with young children, but they differ with respect to whom they reach and what services they provide. Most models target parents or children with particular risk factors, including poor and low-income parents, first-time mothers, teen parents, and children exhibiting developmental concerns. Some models allow mothers to enroll prenatally, while others provide services after birth based on the child’s age. The goals of each model vary, but include improving child and/or parental health, addressing school readiness, fostering healthy child development, and improving family self-sufficiency. Examples of home-visiting activities include parent education, referrals to community resources, activities to support and encourage parent-child interaction, and screenings for parents and children to identify additional potential risk.

### Who Does MIECHV Serve?

All families need support when welcoming a new baby into their home, but for parents living in poverty and experiencing other challenges, access to support and resources becomes even more critical to ensure their families thrive.

According to program data from the Department of Health and Human Services (HHS), in fiscal year 2015, states served approximately 145,500 parents and children in 825 counties in all 50 states, DC, and five territories. Nearly 47 percent of those were new enrollees.

Due to the continued investment in MIECHV since 2010, the number of children and parents served by the federal Home Visiting program has quadrupled since 2012, and the number of home visits provided has increased five-fold, with more than 2.3 million home visits provided over the past four years.

MIECHV targets the most in need, serving families living in poverty and often experiencing other vulnerabilities. Seventy-seven percent of participating families have household incomes at or below poverty. 31 percent of participants have less than a high school education. 22 percent of newly enrolled households include pregnant teens.

## Outcomes

Authorizing legislation mandates a rigorous evaluation of the effectiveness of MIECHV. The Mother and Infant Home Visiting Program Evaluation, or MIHOPE, uses a randomized controlled design to determine what difference MIECHV-funded home visiting makes for a wide range of outcomes.<sup>10</sup> Further, there have been many studies conducted to report on the outcomes and effectiveness of home visiting, many of which are highlighted below.

**Physical and Mental Health.** Home visiting programs improve the physical and mental health of participating families by showing families how to best care for their children and themselves. Home visiting programs help children and families access quality health care and resources from pregnancy through kindergarten entry, to improve birth outcomes and ensure children born into poverty have a healthy start. In a study of grantee improvements across a 3 year period looking at benchmark benchmark areas, 81 percent of MIECHV-supported programs demonstrated improvements in maternal and newborn health.<sup>11</sup> Children need support for their physical, cognitive, and social-emotional development in order to thrive. Research shows that home visiting programs effectively support healthy child development, beginning in the prenatal period. Pregnant women who participate in the programs have better birth outcomes, and the programs have been found to have a positive impact on breast feeding and immunization rates as well as to lower depressive symptoms and stress.<sup>12</sup> A study of the Nurse-Family Partnership found that families participating in the program during pregnancy and the first two years of the child's life had fewer days that children were hospitalized with injuries or ingestions and fewer closely spaced subsequent pregnancies than their counterparts in the control group.<sup>13</sup>



**Economic Self-Sufficiency.** Home visiting programs empower families to become economically self-sufficient by helping parents pursue career opportunities and providing support to help parents stay healthy and productive. Eighty-five percent of MIECHV supported programs demonstrated improvements in family economic self-sufficiency, according to a three year assessment of MIECHV programs.<sup>14</sup> By helping parents enroll in educational and training programs and pursue employment, home visiting programs can help counteract the negative consequences of economic insecurity and encourage success not only at home but also in school and at work. Studies have found that compared with a control group, more parents participating in home visiting programs work, are enrolled in education or training, and have higher monthly incomes.<sup>15</sup> A study of the Early Head Start-Home Visiting program showed that parents of children in the program were more likely to be in education and job training programs.<sup>16</sup> This is important as it is known that mothers with more years of formal education are more likely to have higher family income, be married, and have a spouse who is also employed.<sup>17</sup>

**Parents Abilities and Long Term Success.** Home visiting programs help keep families and communities safe by promoting positive parenting practices and supporting parents in times of high stress. 70% of MIECHV supported programs demonstrated a reduction in crime or domestic violence (HRSA, 2016). Research shows that home visiting programs help parents increase positive parenting actions and reduce negative ones, have more responsive interactions, create more developmentally stimulating home environments, engage in activities that promote early language and literacy, and know more about child development.<sup>18</sup> In a study of the Parents as Teachers program, participating parents were more likely to read aloud, tell stories, say nursery rhymes, and sing with their children — all activities that are key to child development and promoting early language and literacy.<sup>19</sup>

**Return on Investment.** Home visiting programs enjoy bipartisan support because of their demonstrated cost savings for taxpayers. For example,

- The Nurse-Family Partnership has a benefit-cost ratio of up to \$5.70 per dollar invested.<sup>20</sup>
- Family Connects has a community benefit-cost ratio of up to \$3.01 per dollar invested.<sup>21</sup>
- Parents As Teachers has an estimated benefit-cost ratio of \$3.39 per dollar invested.<sup>22</sup>

**Tribal Programs.** MIECHV has provided home visiting services to 25 tribal and American Indian or Alaska Native programs across 14 states since 2010.<sup>23</sup> In FY2014, the tribal MIECHV program doubled the number of families served from 2 years prior.<sup>24</sup>

- Seventy-seven percent of the first round of tribal grantees, improved overall (in at least 4 out of 6 benchmarks areas) in the first three years.<sup>25</sup>
- Almost all grantees (12 out of 13) reduced rates of substantiated reports of child abuse or neglect and first-time victims of child maltreatment.<sup>26</sup>
- Eighty-five percent of grantees saw increased health insurance rates for children and their parents in the two year period that was observed.<sup>27</sup>



## Now is the Time

Voluntary home visiting programs have a proven record of success supporting the nation's most vulnerable families during a critical time in their children's development and programs continue to have bipartisan support because of their proven effectiveness and demonstrated cost-savings. Current funding set to expire in September of 2017.

### What are we asking for?

The home visiting coalition is seeking a 5 year extension of the MIECHV program at a funding level of \$800 million per year, twice the current funding level. This investment in our children will enable the program to expand and improve existing evidence based services, enhance the ability of those on the local level to reach more vulnerable children and families, and build infrastructure that benefits not only MIECHV programs, but all community resources and program coordination.

### Why are we asking for it?

#### Sustainability.

As the current funding for the program is set to expire, now for the third time since the program's inception, there is an uncertainty about the sustainability of the MIECHV funding. This not only makes it difficult for grantees to expand home visiting services to additional eligible families, but also disrupts their ability to plan for the continued development of their home visiting infrastructure and system.

Without additional investments, many grantees will be left with gaps in funding. For some grantees, MIECHV funds are their only source of funding for home visiting services for vulnerable families; therefore, the lack of reauthorization would result in a direct loss of services for actual families in need. Further, states may need to dismantle their home visiting infrastructures and grantees may need to cut staff, causing job losses, should the program not receive additional funding. When administrators do not know if the program will exist in the long term, they are less likely to engage in forward-thinking strategic planning that successful program delivery requires, including building relationships and partnerships, investing in staff skills and professional development, and continuing to play a major role in early childhood systems building.<sup>28</sup>

Eight hundred million dollars per year for five years would provide administrators with adequate funding and time to engage in strategic planning, continue to build more relationships and partnerships, further invest in staff skill-building and professional development activities, and build more systemic capacity.



### **Expansion of services.**

MIECHV embraces the idea that we should focus our efforts to expand programs on strategies that rigorous evaluations have proven to be effective. States' expansions of home visiting programs have primarily focused on the implementation of evidence-based models, although some states have also taken advantage of the opportunity to test whether promising models produce significant positive changes in children and families' outcomes. States have taken seriously the need to implement models with fidelity and to ensure high-quality staff are available to implement them. The additional \$400 million per year would provide much needed funding for grantees to expand access to services for underserved populations. Currently, most families who could benefit from home visiting services go without access. In FY2015, 145,500 parents and children were served through the program which is only a small portion of those eligible.<sup>29</sup>

### **Proven effectiveness.**

MIECHV helps provide evidence-based home visiting services to vulnerable children and families in the most at-risk communities. The research base proves that home visiting programs enhance parenting skills and support young children's early development with long-term outcomes for children and parents, along with significant public cost savings.<sup>30</sup> Without continued funding, the nation will miss out on valuable opportunities to learn from the program and to inform future public investments. Therefore, Congress should continue its commitment to investing in evidence-based home visiting to promote positive outcomes for children, families, and the future of our country.

## **Conclusion**

Research supports the notion that home visiting programs can enhance parenting and support young children's early development with long-term outcomes for children, parents, and public cost savings. MIECHV has brought evidence-based home visiting services to vulnerable children in the most at-risk communities.

The MIECHV program has also been essential for the development of statewide home visiting systems with states building the infrastructure needed to support lasting, effective programs.

An increase in funding and a 5 year extension of the MIECHV program will provide evidence based home visiting services to a larger number of children, will enable programs to expand and improve existing evidence based services, and allow states to continue building infrastructure. Congress should continue its commitment to investing in evidence-based home visiting to promote positive outcomes for children, families, and the nation.

*This brief was written by Stephanie Schmit, Senior Policy Analyst at the Center for Law and Social Policy (CLASP), on behalf of the Home Visiting Coalition.*

(Endnotes)

<sup>1</sup> U.S. Department of Health and Human Services, “The Maternal, Infant, and Early Childhood Home Visiting Program.”

<sup>2</sup> Schmit, “Effective, Evidence-Based Home Visiting Programs in Every State at Risk if Congress Does Not Extend Funding.

<sup>3</sup> MRDC, “Mother and Infant Home Visiting Program Evaluation, 2012, <http://www.mdrc.org/mihope-project-description>.

<sup>4</sup> U.S. Department of Health and Human Services, *Demonstrating Improvement in the Maternal, Infant, and Early Childhood Home Visiting Program*, Administration for Children and Families, 2016, <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/reportcongress-homevisiting.pdf>.

<sup>5</sup> Healthy Families America, *Research Spotlight on Success: Healthy Families America Promotes Child Health and Development*; Brian D. Johnston, Colleen E. Huebner, Melissa L. Anderson, et al., “Healthy Steps in an Integrated Delivery System: Child and Parent Outcomes at 30 Months,” *Archives of Pediatrics and Adolescent Medicine* 160, (2006); D. Lowell, A. Carter, L. Godoy, et al., “A Randomized Controlled Trial of Child FIRST: A Comprehensive Home-Based Intervention Translating Research into Early Childhood Practice.”

<sup>6</sup> Harriet Kitzman, David Olds, Charles Henderson, et al., “Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing: A randomized controlled trial,” *JAMA: The Journal of the American Medical Association*, 278, (1997).

<sup>7</sup> U.S. Department of Health and Human Services, *Demonstrating Improvement*.

<sup>8</sup> David Olds, Charles Henderson, Robert Tatelbaum, et al., “Improving the Life-Course Development of Socially Disadvantaged Mothers: A Randomized Trial of Nurse Home Visitation,” *American Journal of Public Health* 78, (1988); H. Kitzman, David L. Olds, Charles R. Henderson, Jr., et al., “Effect of Prenatal and Infancy Home Visitation by Nurses on Pregnancy Outcomes, Childhood Injuries, and Repeated Childbearing: A Randomized Controlled Trial,” *Journal of the American Medical Association* 278, (1997); Craig W. LeCroy and Judy Krysik, “Randomized Trial of the Healthy Families Arizona Home Visiting Program,” *Children and Youth Services Review* 33, (2011); Jones Harden, Chazan-Cohen, Raikes, et al., “Early Head Start Home Visitation: The Role of Implementation in Bolstering Program Benefits.”

<sup>9</sup> John Love, Ellen Kisker, Christine Ross, et al., “Building their futures: How Early Head Start programs are enhancing the lives of infants and toddlers in low-income families,” Summary report, Report to Commissioner’s Office of Research and Evaluation, Head Start Bureau, Administration on Children, Youth and Families, and U.S. Department of Health and Human Services, Mathematica Policy Research, 2001, <http://www.mathematica-mpr.com/PDFs/buildingvol1.pdf>.

<sup>10</sup> Pedro Carneiro, Costas Meghir, and Mattias Parey, “Maternal Education, Home Environments, and Child Development,” *Journal of the European Economic Association* 11(S1) (2013).

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<sup>12</sup> Mary Wagner and Donna Spikes, “Multisite Parents as Teachers Evaluation: Experience and Outcomes for Children and Families,” SRI Project PO7283, 2001.

<sup>13</sup> Lynn Karoly, M. Rebecca Killburn, Jill Cannon, *Early Childhood Interventions: Proven Results, Future Promise*, 2005, [http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND\\_MG341.pdf](http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf).

<sup>14</sup> Kenneth Dodge, W. Benjamin Goodman, Robert Murphy, et al., Implementation and Randomized Controlled Trial Evaluation of Universal Postnatal Nurse Home Visiting, *American Journal of Public Health* 104, 2013, <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301361>.

<sup>15</sup> Washington State Institute for Public Policy, “Parents as Teachers: Benefit-Cost Summary” 2016, <http://www.wsipp.wa.gov/BenefitCost/Program/118>.

<sup>16</sup> Kate Lyon, Erin Geary, Mariel Sparr, et al., *Tribal Maternal Infant, and Early Childhood Home Visiting: A Report to Congress*, Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2015, [https://www.acf.hhs.gov/sites/default/files/ecd/tribalreporttocongressexecutivesummary\\_b508.pdf](https://www.acf.hhs.gov/sites/default/files/ecd/tribalreporttocongressexecutivesummary_b508.pdf).

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Stephanie Schmit, Christina Walker, Rachel Herzfeldt-Kamprath, An Investment in Our Future, CLASP, 2015, <http://www.clasp.org/resources-and-publications/publication-1/AnInvestmentInOurFutureMIECHV2015.pdf>.

<sup>22</sup> U.S. Department of Health and Human Services, “Home Visiting,” Health Resources and Services Administration, 2016, <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>.

<sup>23</sup> U.S. Department of Health and Human Services, *Demonstrating Improvement in the Maternal, Infant, and Early Childhood Home Visiting Program*, Administration for Children and Families, 2016, <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/reportcongress-homevisiting.pdf>.